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ABSTRACT

This clinical study describes a pilot experience of Multi-Family Treatment Groups (MFTG) as a treatment modality. The group leaders were two family therapists. Three intact families with completely different life styles, all chronically malfunctioning, and with previously unsuccessful treatment were chosen at random from the Clinic intake. The most striking feature of this group was each member's total isolation, both within the family unit and outside. The expectation in placing these very sick families in an MFTG was to crystallize within the group process the inherent pathology contained in each family system, thereby helping individuals and/or families to move towards appropriate, motivated treatment. Not only were initial goals realized with most of the group members, but an important further social dimension became apparent. As a direct result of the group experience, color, cultural and age boundaries were crossed, allowing the common humanity in each individual to emerge. As the social isolation broke down, concurrently so did the individual isolation. This paper discusses the validity of MFTG Groups as a treatment modality for isolated families as a social as well as a clinically dynamic intervention -- one which has the potential to combine improved emotional as well as social functioning. (Author)

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# THREE FAMILIES IN SEARCH OF A DIRECTOR:

## Study of Life of Multi-Family Treatment Group of Three Schizophrenic Families of Diametrically Opposed Life Styles

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# THREE FAMILIES IN SEARCH OF A DIRECTOR

| | | | | |
|---|---|---|---|---|
| FAMILY A: | Mother: | Alice | (41) | Black |
| | Father: | Larry | (45) | White, Jewish |
| | Son: | Daniel | (19) | |
| | Daughter: | Bonnie | (15) | |
| FAMILY B: | Mother: | Barbara | (41) | White, Jewish |
| | Father: | Abe | (49) | White, Jewish |
| | Son: | Bob | (19 | |
| | Daughter: | Sherry | (15) | |
| FAMILY C: | Mother: | Frances | (40) | White, Jewish |
| | Father: | Arthur | (43) | White, Jewish |
| | Son: | Herb | (18) | |
| | Daughters: | Elinor | (16) | |
| | | Ellyn | (13) | |
| | | Mona | (2) | |

# Three Families in Search of a Director: Study of Life of Multi-Family Treatment Group of Three Schizophrenic Families of Diametrically Opposed Life Styles

Our clinical study will describe a pilot experience of a Multi-Family Treatment Group as a modality at the Family Mental Health Clinic of the Jewish Family Service of New York. The Clinic is non-sectarian and draws from a diverse population both economically and socially. Three intact families with completely different life styles: (1) upwardly aspiring, racially mixed; (2) middle-class, counter-culture; (3) lower-class, underachievers, were chosen from the Clinic intake. All the families were chronically non-functioning in spite of previous treatment. The past treatment had focused on the designated patients of the families. This situation reinforced the problems instead of alleviating them. It was our feeling that a Multi-Family Treatment Group, dealing with families' pathological resistance to change, would enable each family to relinquish its need to keep one member "the patient." Although, as mentioned, all of the families were chosen at random for the screening process, the astonishing similarity of each family showed itself after the first session. The lack of family ego was only one common denominator. For this, as well as forthcoming reasons, a group modality was, for us, the obvious choice of treatment. For empty, angry, frightened people, the safety of a group would create a format for individuals to see difficulties in other families. The therapists could use these various similarities to point up to each family that their's were not unique problems. Hopefully, this would give them some insight into

their own problems. The other important aspect of a group for such people would be the feed-back from peers which arises through the interactional process.

Each family was seen in the screening process by the co-therapists for three sessions. During this time the therapists began to be tuned in to the commonality of pathology inherent in each family which would comprise our group. The most striking feature was the total isolation of each member, both within the family unit and the outside world. The defense chosen by each family was a system of "blame" and labelling as "defective" of those family members to whom they attributed their misery, and these "blamed" members did, in fact, act out the pathology inherent in each family. The overlap to social pathology of this blame system was the hard core social prejudice which existed in each family. They, in truth, felt like the "niggers" they ostensibly hated. In addition, the parental picture in the families of origin indicated rejecting martyr-like mothers who favored defective siblings, and abandoning or non-existent fathers. The lives of the good, giving, rejected children who emerged as our group parents were permeated with feelings of deprivation, which had influenced their choice of mates and caused the need to recreate a particular child who could substitute for their own bad parent.

The Multi-Family Treatment Group consisted of six adults and nine children ranging in age from eleven to nineteen, in addition to the two women co-therapists. We limited the life of the

group to six months. The screening period and the initial group sessions acted as a beginning leverage to enable some minimal shift in the direction of questioning the rigidly existing systems. The use of the "blamed" ones as a facade to cover the true family problems began to be questioned, initially by the therapists, and then tentatively and emotionally by some family members. As the world (group) was let in, the questioning was continued by other group members. A small crack within each family system began. It became increasingly clear that the group parents viewed themselves as unsatisfactory and deficient members of their families of origin and were suffering from their own unfulfilled expectations of familial nurturing. These feelings about themselves had been translated from original to present families and then to society. They were isolated from all but the always-rejecting parents of their original families. Certainly, they were also socially alienated.

Although each group member was caught in the trap of his own desperation, it was the "blamed" ones who had propelled their families into Multi-Family Group treatment when this had been suggested by the therapists as the appropriate modality. In the initial family sessions each "sick" member had asked of the therapists, "Am I crazy or are they? Validate it for me." Our response had been that the best way we felt we could truly help them to answer this question for themselves was in the setting of a Multi-Family Treatment Group. The same response had been given to those family members who were heavily invested in maintaining the status quo within the family "blame" system. They,

however, had verbalized their sense of the group as an arena to reinforce their positions of blaming, although their non-verbal stance was as shaky and questioning as each of the "sick" members of their families. At that stage there was little resistance to entering the group and, in fact, some irrational excitement in light of the past failures of other therapeutic attempts.

One of our overviews of the group was to see it as a therapeutic experience which would enable those members who needed ongoing treatment to go on to this without guilt and with no fear of sabotage from other family members. At that beginning point in time we had some idea of the inherent societal prejudices (quite apart from intrafamilial prejudices) which operated within each family system. By hearing the truisms and axioms which governed each family's value system, we learned early that, for the group members, it was bad to be (1) black (2) poor (3) sexual and (4) counter-culture, among other differences. We found later that as these myths were exploded, members could relate to each other as people and there was a concomitant breakdown of the isolation in both individuals and families. Thus, a group life somewhat stormily began.

The following case synopses describe the families who comprised the group and, we hope, will give you some sense of them as people:

Family A: This was a racially-mixed family consisting of a black mother, Alice, white father, Larry, and two teen-age children, Daniel and Bonnie. Alice was brought up in a family where her father passed as white and rejected his dark wife and children.

The pathological use of color in the original family was so great that all three children were damaged, with the lightest a suicide. One can only surmise at the mother's rage and depression over the loss of her husband and her children because of her defectiveness--i.e., her blackness. Hence, Alice (our group member) emerged as the embodiment of the intellectualized, highly articulated white society, an extension of the myth that was her father's life. This was combined with the violent rage she acted out for her mother through the adaptive mechanism of alcohol, which one might ostensibly characterize as "blacknesss." Alice married Larry, white, Jewish, and born in South Africa, of a family who passed as non-Jewish. Larry, "Jewish-looking" and refusing to deny it, was considered defective from birth. His father died when he was very young, leaving him with a punitive mother and two anti-Semitic older brothers who reinforced his feelings of worthlessness. His role in his family was as provider for his mother, in an over-futile attempt to win love and acceptance, which was always reserved for his indifferent brothers. This ploy failed and as it became more evident to him, he closed off his feelings. His hearing became impaired and when seen by us he was a gray shell of a man who could no longer bear to hear the echoes of his failure evident in his present family. He literally tuned them out together with the world by tuning down his hearing aid.

The initial attraction of Alice and Larry lay in their immediate recognition that neither one of them belonged anywhere. They looked to one another for complete non-critical and total acceptance. The negative bind with each other became so great that they would not tolerate any intruder into their furious silent battle. This included

their two children. Daniel, 19, the eldest, highly intelligent but a chronic underachiever, did not look black and was definitely passing as white. He had taken over the role of husband and caretaker and was locked into a seductive alliance with his mother, at the same time angrily trying to break it. He was a loner, completely terrified of girls. Bonnie, 15, sat in a catatonic-like manner, her somewhat negroid features hidden by a veil of long, carefully straightened hair. Her very stance crystallized the isolation and aloneness of each member of the family. She, like Daniel, had found no place for herself among her peers, although she functioned well scholastically.

This family presented itself as white and middle-class, and strongly resisted any attempts by the therapists to open up any question of color identification. The defective one earmarked by other family members was Bonnie. Quickly this shifted to Alice, which was significant, since both were the "niggers" of the family, and it further highlighted the fusion between Bonnie and Alice. The separateness and apartness of each from the other, as seen in the group, was startlingly confirmed in a home visit, where it was apparent that nobody ever talked to anybody or did anything (even eating) together.

Family B: This lower middle-class family of underachievers consisted of the marital pair, Barbara and Abe, and two teen-age children, Bob and Sherry. The mother, Barbara, the eldest of three children, was the most obedient but the most denied by her rigid and authoritative father and hysterical, martyr-like mother. She grew up feeling that nothing she ever did was worthwhile. Although pretty and bright, she was never accorded the acceptance which her delinquent brother received. He was sent to college; she fought to be given the right to even pay

her own way. Her one friend, who was physically disabled, died some years ago. This friend mirrored her own sense of defectiveness. Her choice of husband confirmed this self-image. Although her family quickly picked up Abe's stance of defectiveness, she could not and still did not see this, and clung to her image of him as a strong, stable, sophisticated, giving man -- all of the things her father was not. In fact, Abe, like his wife, although the "good" child, was repudiated in favor of his delinquent brother. He, too, curried favor, without success. After his father deserted, he was left to take care of his complaining, unsatisfied, angry mother. Although a college graduate, he was not able to use his education vocationally and used his recent symptoms of diabetes as explanation for staying in an underpaid factory job. As long as the myth of Abe's God-like qualities and concomitant message to be emotionally untouched was maintained by his wife's make-believe, the balance between them was maintained. Beneath lay complete misery for both. The result of their unhappiness was to blame Bob, 19. In this way all their repressed anger at each other and at the original betrayers who favored the delinquent ones could be expressed. Coincidentally, Bob, although intellectually gifted, actually looked and was organically and emotionally defective, thus serving as a constant reminder to his parents of their own defectiveness. Their feelings were vented on him because it was impossible for them to bear this mirror of their own defectiveness. A volume of verbiage cloaked their complete impotence and defended them from dealing with their true feelings. Sherry, the good girl, 15, actually (like Bonnie) personified, in her non-verbal stance, the family's depression, isolation and rage. She cried endlessly, and when she did speak, spewed her venom at her brother, Bob, and (like

her father) was totally unrelated to anyone's feelings except her own. Her real feelings were buried and, as her parents did with their parents, Sherry was ingratiating with them. Scholastically, both children functioned on a very high level, but were totally without peer relationships.

Family C: This "runaway" family consisted of the parents, Frances and Arthur, and four children, Herb, Elinor, Ellyn and Mona, ranging in age from two to eighteen. The mother, Frances, like the other adults in the group, was considered the reject in her original family. Her two brothers, despite their acting out, were supported through college, while she fought unsuccessfully for the right to pay her own way. She could be the twin sister of Family A's Barbara. She too, martyr-like, took care of her chronically dissatsfied mother, never receiving recognition. Her self-annihilation took the form of sexual repression. She emerged as a closed, angry, self-righteous exhorter of complete morality. She chose to marry a rather handsome man, Arthur, who presented himself quite seductively but who, in fact, was dependent, angry, and frightened of women. It was his physically defective sister who was the favored one in his family of origin and no matter what he did to make his strong, angry mother love him, it was to no avail. As with the others, his father was not there to rescue him from his mother, thereby reinforcing his isolation from both men and women. He married Frances hoping to finally obtain a good mother, only to find that she too withheld her affection, using her mother's and her children's need for her as her primary focus. The embodiment of Frances' repressed sexuality and Arthur's killing rage was acted out by their middle child, sixteen-year-old, counter-culture Elinor, who was failing in

school, was a runaway, sexually promiscuous, and heavily into drugs. The favored child, Herb, 19, the good boy, was, in fact, physically defective from an early age, with severe cardiac and eye failure, both facts actively denied by the parents. He also was obviously delinquent -- pushing drugs. When this was exposed, the parents vigorously persisted in maintaining their myth that he was the "good" one. Thirteen-year-old Ellyn, the good girl, was following in Elinor's footsteps, a fact Ellyn alone worried about and which the parents were unable to see. The entire family doted on Mona, the 2-year-old"accident."

These, then, were the families who constituted the Multi-Family Treatment Group.

It was apparent to us from the very first group session that the above families constituted a very atypical Multi-Family Treatment Group in the sense that there was none of the usual clustering of families. Their interactions and body language were more like those of single, unrelated individuals rather than family units. Most interesting was the way in which children and adults inappropriately interacted with pseudo-emotion and pseudo-affect. Their undifferentiation was also underlined by the way in which age and sex differences were crossed. Their isolative postures denoted a glaring lack of individual boundaries. Our first task, therefore, was to help them to define where each person ended and the next began.

Despite apparent differences in appearance and life styles, the therapists, too, were seen as one fused superwoman -- the mother-object of their unfulfilled dreams. Nobody, at first, was able to

distinguish our differences, and this message came across in a variety of ways, one of which was a constant confusion and combining of our names. We began to differentiate ourselves, both from the group and from each other.

In the beginning use of our individual selves, as warm, nurturing real women, each having her own style, we gave them early permission to believe that to be different did not mean to be defective. When they were finally able to distinguish us, we could use ourselves as proof that two uniquely different people could operate effectively as a working team, thus enabling them to begin to see the "blamed" members of their families with less prejudice. This became better clarified with the emergence of a group ego, which occurred after about six sessions. By this time, the main thrust of our intervention was in working with the dramatic alliances which had been formed and with the interactional process, to redefine for the families their perceptions of the "blamed" members - or, the "niggers," - of the group. We consciously used the term "nigger" to underline for the group their irrational and blurred rage which was expressed indiscriminately upon the blamed members of society. For instance, initially Elinor's counter-culture activities and healthy interest in communes was condemned by the group as severely as Bob's verbal incoherence was condemned by his family. Significantly, the group reaction to Elinor and Bob was quite different from the reaction of their own families. In the same way, the therapists' reaction to given societal prejudices was quite different from that of the group. In fact, our strong position was that there was nothing wrong in being different from the standard of middle-class morality.

We totally accepted with respect each group member and what he stood for, questioning only wether or not somehow he might be hurting himself. Our guideline was not whether people were good, bad, sick or healthy, but rather whether each was operating for or against his optimum potential.

Through this process of individuation, we consistently threw out labels. With the disappearance of the labelling masks, we saw that the familial blame system weakened and a growing self-awareness began. In the family of underachievers, Bob had come into the group prepared to be the group patient, looking, acting, and talking "crazy." Frances, the mother of the "runaway" family, related to his difficulty in expressing his feelings and helped him, with much compassion and warmth, on a very real level. Larry, the father of the racially mixed family, responded to him as to a normal, good, but unhappy boy, in sharp contrast to his own son, who he regarded as being very bad. Larry's wife identified with Bob and termed Bob's sister, Sherry, the most disturbed member of that family. Elinor, the counter-culture girl, dealt with Bob on a strictly boy-girl level, with total and complete acceptance. This new experience for Bob enabled him to feel that life held other options for him -- it would not be necessary for him to think of himself as "crazy." With this impetus, he acted in a far more appropriate manner and also allowed himself to have some fun--a unique experience for this most disturbed 19-year-old who had previously spent all his time worrying about showing his "craziness." As he said in his own words, in relating to Larry's isolation, "Sometimes I feel I already died." Bob also heard group members confronting his parents for placing the blame for all of their difficulties on him. Specifically, group pressure

helped him to recognize that his father would have to share the responsibility for their inability to have a dialogue. In addition, his sister, Sherry, the good child, was seen by the group as having her own set of very bad feelings about herself which she could not articulate; her constant crying pointed to problems of her own. She remained isolated and uninvolved from the group, except when Bob was under attack from his parents, at which point she joined them. As the "blame" system weakened in this family, the group was let in on the couple's difficulties with one another. In a particularly moving session in which one of the adults initiated talk about her own lack of mothering, Barbara and Abe were able to speak of their lack of nurturing and their unsuccessful attempts to get this from each other. Abe's verbosity and constant intellectualization, which covered his lack of feeling, was constantly confronted by all group members. His wife's frustration because of her insatiable need to be fed was highlighted by the group, as his narcissism emerged session after session. The group, therefore, extricated Bob from his position of having caused all of his family's problems.

Elinor, of the "runaway" family, in session #11, heard her mother's complaint that she could not share with the group her problems about her daughter, then proceeding to do just that. The group confirmed for Elinor that her mother consistently gave double messages, not only to her but to everyone else. The myth that Elinor was the only problem in her family was exploded by the group with the help of Bob. Bob's accusation that Elinor's brother, Herb, "just comes to the group," pinpointed Herb's resistance to treatment and led to a session during which it was revealed that Herb not only used drugs, but also pushed them. Complete group involvement at its most emotional

pitch followed. Elinor's expressed concern about her brother was pushed aside by the parents, who proceeded to deflect their wrath (fright) at her, joined by a relieved Herb. This scapegoating was clearly identified as such by the group, who by now had become very supportive to Elinor, as they recognized her fight to survive. This was further clarified as Herb continued to play his usual role of confronting the father about Elinor's "dealings" as though that was the main concern. This also brought into sharp focus Herb's way of getting himself in the clear as the good child and putting Elinor in the culprit's role. Elinor's collusiveness in perpetuating this role was illustrated in another session, when she showed her provocative self-destructiveness. She was unable and unwilling to receive what she said she wanted, transmitting an insistent message which could only evoke a negative response. The group, who in a caring and gentle way had been tuned in to hearing Elinor's demands, became increasingly angry with her as she fended her protectors off. She was redefined by the group and the therapists, for herself and her family, as being a confused and self-destructive girl, rather than a bad girl. A short time after this, the group was able to define the core problem of the family, and Arthur was able to turn to his wife and say, "Sometimes I feel like the last man on your totem pole." With the support from group members, he then was able to articulate his fury at his wife's over-involvement with her mother, which resulted in his not having a wife, but only a smothering mother. When it became obvious to the group that the only role Frances could assume was as child to her mother and mother to her own family, including her husband, she became frightened. The group expectation that she become a sexual woman, the role until now assigned to

Elinor, forced Frances to adopt her daughter's previous behavior--that of a runaway. She eventually led her family in running away from treatment.

The task of identifying the core problem in the interracial family was somewhat more complex. Bonnie, the most obviously black member, had been identified as the family problem. However, it soon became apparent that it was the attitude towards "blackness" rather than Bonnie which was the core of the family difficulty. With the help of supportive group alliances, Bonnie was able to clarify her acceptance of her blackness and not seeing it as a major problem for herself. The other members of her family could not tolerate blackness in anyone. When this overlay was cut through as early as the second group session, Alice, the mother, unconsciously substituted herself as the family patient by proceeding to reveal herself as an alcoholic. She displaced her own feelings of isolation on her family and on the group, saying that nobody understood her. The group, going overboard because of their innate prejudices, was at first superficially supportive, but then became truly compassionate and accepting of Alice. Her response was to attack, provoke and repudiate all that they offered, keeping herself in a lonely, unpenetratable box of utter isolation--reminiscent of Elinor. Her only solution for herself -- that the group make her white -- was impossible to achieve. Her husband, encouraged by the group, was able to realize that he had been blaming his isolation on his wife's blackness (equals alcoholism) and using this as an excuse for their lack of friends and good family life. Daniel, their son, could only get to the point of saying he hated being part black

because of his fear that he would have a black child. His kinesis, however, showed consistently that what he was really feeling was the terror of his sexual attraction to his mother. This was a beginning for Daniel to show himself to the group and relate with them, not at them.

The group experience unmasked the real problem as that of being black -- it was not Bonnie. However, the parents' inability to let go of this excuse made it evident to the group that the only available members for help were the children of this family, since they were the only ones who could see beyond their blackness. It is important to note that the prejudices of these parents against blackness exceeded those of the group's. The group, however, was not sophisticated enough to see this and showed their compassion for Alice for the wrong reasons; they were unable to see the tremendous pathos in this woman who really felt that she did not belong anywhere.

As we have demonstrated, all of the group members, when they first came to us, had integrated the feeling that they were the "niggers", not only in their original families, but by their similar functioning in society. Literally, they were downtrodden and totally without rewards and support. They had projected their own sense of rage rage and inadequacy upon not only the"blamed" members of their families, but also upon all of the token "underlings" which society has helpfully labelled: i.e., blackness; counter-culture, youth, sex, etc. Nor were the therapists excused from rather viscious attacks stemming from "acceptable" prejudicial terms. For example, one of the therapists was soundly denounced by Abe, the very proper father of the under-achieving family, for being what he conjectured to be "quite a swinger" in private life. This was based on her

attractive makeup and dress. When the therapist responded that he was quite correct, there was a somewhat uneasy laughter from the group. Additionally, both therapists were attacked by the group (particularly Daniel, the son in the inter-racial family) for being white racists when they persisted in opening up and staying with the important issue of Alice's blackness. Consequently, the focus of our intervention had to interrelate the dynamics and the social pathology which existed in the group. As has already been illustrated, each family held within it a triad consisting specifically of (1) the ghosts of the rejecting parents of the adult group members; (2) the rejected children now our group parents; and (3) the "blamed" children. In order for change to occur within each family system, it was necessary to clarify the original dyad and separate out the identified "problem" from the triad. In the same way, it was important to recognize through experience the common humanity in all of us which transcended differences of color, life styles, sex and age.

The group was able, by the end of the sessions, to re-evaluate their perceptions of themselves in terms of society. They were able to let go of their previously held value systems which had served to excuse their isolation. Each member moved from feeling like a "nigger" to a self-respecting person. For example, the members of the under-achieving family who had viewed themselves as "forever losers" because they were poor, were regarded by the most-achieving family (i.e., racially mixed) as quite rich in their ability to be a family. This served to re-establish the manliness of Abe, the father of that family, who in the beginning had been quite intimidated by the financial success of the other two fathers. It emerged

that it was they who envied him, because they were the paupers emotionally and their money and status could not fill that emptiness. The adage, "Children should be seen and not heard," was dispelled by the group children when they often risked themselves more than did their parents in articulating true and often compassionate feelings. The yearning for new life styles was able to emerge with the respect given Elinor by the group. From the beginning cliche of "Some of my best friends are black," the group moved to an ability to react to all people on an individual basis. They could be truly angry with Alice purely on the basis of her destructiveness rather than being patronizing and nice to her because she was black. The threat of black and Puerto Rican friends (i.e., intermarriage) was eased for the group as they realized that Alice and Larry's problem did not, in fact, come from the outside, but from themselves, in the same way as did the inner conflicts of the other group members. In addition, the therapists provoked the group to action: Were they willing to let go of the old myth of prejudice and blame which they had used to hide from life, themselves, and each other, and emerge as alive people, with hope and with the ability to give and to receive?

Out of this arduous and difficult process, and with much resistance, members were able to face the ending of the group and to see it as a beginning of life with options. Our job was facilitated by the sense of urgency with which each of the members had originally come. The Multi-Family Treatment Group experience was, in truth, a last-ditch effort for each of them, in view of their many and unsuccessful previous attempts at treatment. The use of a time limit--six months--which was part of the initial contract set down by the

therapists, highlighted this urgency. In addition, the constant restating that the outcome of the treatment would be as much the responsibility of the group as that of the therapists heightened the intensity of the experience. Independent judgments were made to plan for appropriate further treatment, where indicated, or to own the responsibility for choosing not to do so. The children of the racially mixed family chose help for themselves, recognizing that their parents were locked together forevermore in an empty bind. The under-achieving family decided upon family therapy, with Bob (emerging from an "it" to an "I") able to ask, in addition, for help for himself. The runaway family ran away, [illegible] were able to integrate significant shifts within their system. Ending sessions of the group evinced a disappearance of prejudicial masks and display of concerned feeling; there was an emergence of people who were able to begin to see where they themselves ended and somebody else began. The group members risked showing their true faces to each other and were rewarded by warmth and acceptance for being themselves.

It is our feeling that this particular group life experience had important implications. Not only were our initial expectations realized for most of the group members, but an important further social dimension became apparent. As a direct result of this Multi-Family Treatment Group, color, culture, and age boundaries were crossed, allowing the common humanity in each individual to emerge. As the social isolation broke down and societal labels and prejudices were thrown out, the individual isolation concurrently dissipated. For the therapists, the validity of Multi-Family Treatment Group as a treatment modality for isolated families was proved as a social as well as a clinically dynamic intervention--one which has

the potential to combine improved emotional as well as social functioning. We saw enacted before us a "truism" -- that hard-grained, destructive prejudice is often used as a reinforcement of the operative isolation within an individual or family system.